Adrenal Hormone Report; saliva

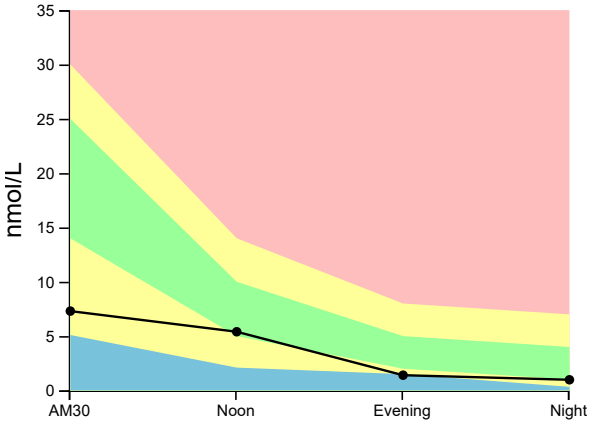
Order: SAMPLE REPORT
Client #: 12345
Doctor: Sample Doctor, MD
Doctors Data Inc.
3755 Illinois Ave.
St. Charles, IL 60174

Patient: Sample Report
Age: 65
Sex: Male
Body Mass Index (BMI): N/A

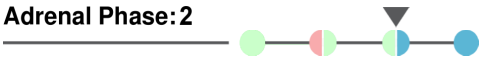
Sample Collection	Date/Time
Date Collected	10/01/2018
AM30	10/01/2018 0800
Noon	10/01/2018 1200
Evening	10/01/2018 1700
Night	10/01/2018 2100
Date Received	10/03/2018
Date Reported	10/05/2018

Analyte	Result	Unit	L	WRI	H	Optimal Range	Reference Interval
Cortisol AM30	7.3	nmol/L		◇		14.0 - 25.0	5.1 - 30.0
Cortisol Noon	5.4	nmol/L		◇		5.0 - 10.0	2.1 - 14.0
Cortisol Evening	1.4	nmol/L	↓			2.0 - 5.0	1.5 - 8.0
Cortisol Night	0.98	nmol/L		◇		1.0 - 4.0	0.33 - 7.0
DHEA*	138	pg/mL		◇			137 - 336

Cortisol Graph



Adrenal Phase: 2



Hormone Comments:

- Diurnal cortisol pattern and reported symptoms are consistent with evolving (Phase 2) HPA axis (adrenal gland) dysfunction, although concomitant thyroid and/or iodine insufficiency cannot be ruled out.

Notes:
RI= Reference Interval, L (blue)= Low (below RI), WRI (green)= Within RI (optimal), WRI (yellow)= Within RI (not optimal), H (red)= High (above RI)
The current samples are routinely held three weeks from receipt for additional testing.

*This test was developed and its performance characteristics determined by Doctor's Data, Inc. The FDA has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

Methodology: Enzyme Immunoassay

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Analyte	Result	Unit	L	WRI	H	Reference Interval	Supplementation Range**
Estradiol (E2)	0.50	pg/mL		◆		< 2.5	
Progesterone (Pg)	33	pg/mL		◆		< 94	500 - 3000
Pg/E2 Ratio	66.0		↓			200 - 300	
Testosterone	65	pg/mL		◆		30 - 143	110 - 500
DHEA*	138	pg/mL		◆		137 - 336	

Hormone Comments:

- The low Pg/E2 ratio is consistent with progesterone insufficiency (estrogen dominance), which may increase the risk of prostate gland enlargement and cancer. Supplementation with topical progesterone to correct this relative deficiency is a consideration.
- Suboptimal testosterone is consistent with reported deficiency symptoms and may be associated with metabolic syndrome (insulin resistance). Serum vitamin D, hemoglobin A1c and insulin levels may be warranted. Boosting the testosterone level is a consideration.

Notes:
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The current samples are routinely held three weeks from receipt for additional testing.

The Pg/E2 ratio is an optimal range established based on clinical observation. Progesterone supplementation is generally required to achieve this level in men and postmenopausal women.

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**If supplementation is reported then the supplementation ranges will be graphed. The supplementation ranges depicted are for informational purposes only and were derived from a cohort of adult men and women utilizing physiologic transdermal bioidentical hormone therapy.

Methodology: Enzyme Immunoassay